

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/		/		51					
2				/			52					
3			/				53					
4			/				54					
5			/				55					
6			/				56					
7			/				57					
8			/				58					
9			/				59					
10			/				60					
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12			/				62					
13			/				63					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3			3						
Total Depend			75			15						
Total Claims			18			18						